



**Westinghouse
Savannah River Company**

CERTIFICATE OF INSURANCE

This is to certify to the Westinghouse Savannah River Company that the Seller named below is at this date insured with the following company (ies): _____

(Hereinafter referred to as the "Insurer") in the extent described herein and that Westinghouse Savannah River Company and the Government are named as co-insured.

The insurance coverage described herein specifically applies to all work performed by the Insured on premises of the Westinghouse Savannah River Company (WSRC), the Government, or other WSRC subcontractors in accordance with the following purchasing agreement or contract between the Seller and the Westinghouse Savannah River Company:

The Seller agrees not to cancel nor to make any change whatsoever in the policies described herein except upon thirty (30) days prior notice thereof to the Westinghouse Savannah River Company.

Name and Address of Seller:

Signature:

(Seller's Authorized Representative)

(Date)

TYPE OF INSURANCE COVERAGE	POLICY NO.	POLICY PERIOD
WORKMEN'S COMPENSATION		
1. Statutory		
2. Employer's Liability, with limits of not less than \$1,000,000		
COMPREHENSIVE GENERAL LIABILITY		
1. Including bodily Injury and property damage, combined single limit of \$1,000,000		
2. Contractual Liability		
AUTOMOBILE LIABILITY		
1. Bodily Injury and property damage combined single of not less than \$1,000,000		
OTHERS, as specified by the terms of the purchase agreement		

Name and Address of Insurer:

Name and Address of Insurer's Authorized Representative:

Signature _____
(Insurer's Authorized Representative)

Date _____